



Applicant Information

Name:	Maiden/Previous Name:	IL BEI Certification #:		
Street address:	City:	State:	ZIP code:	County:
Daytime phone number:	Email address:			

For Name Change

Enclosed is one of the following:
 Copy of Marriage Certificate
 Copy of Divorce Decree
 Copy of Court Order

Submittal Instructions

- If a name change, attach the appropriate verification.
 Send completed form via US Mail, email, or fax to:
IDHHC
 528 South 5th Street, Suite 209
 Springfield, Illinois 62701
 FAX: 217-557-4492
Dhh.interpreter@illinois.gov

Signature

I attest that all information provided in this application is accurate and true and agree to abide by the IL BEI Manual or the Illinois Interpreter for the Deaf Licensure Act of 2007 which requires anyone providing interpreting services to have a license. (Certification is not a license to practice interpreting.) I understand that my certificate is subject to suspension, revocation, or cancellation.

Applicant's signature:

Date:

X _____

This application is incomplete without the applicant's signature.